

Name of Facility

2000 CODE

Include 24 \_\_\_\_ ID# and City

## PART IV RECOMMENDATION FOR WAIVER OF SPECIFIC LIFE SAFETY CODE PROVISIONS

For each item of the Life Safety code recommended for waiver, list the survey report form item number and state the reason for the conclusion that: (a) the specific provisions of the code, if rigidly applied, would result in unreasonable hardship on the facility, and (b) the waiver of such unmet provisions will not adversely affect the health and safety of the patients. If additional space is required, attach additional sheet(s).

PROVISION NUMBER(S)	JUSTIFICATION
K84 See #4 for this area.	<p>INSTRUCTIONS FOR A TEMPORARY WAIVER.</p> <ol style="list-style-type: none"> <li>1. A specific correction date ( __ - __ - __ ) must be provided. The date must be between 91 and 365 days from the date of the MDH survey exit date found in the MDH Statement of Deficiencies cover letter.</li> <li>2. This 2786R form must be used for all temporary waiver requests.</li> <li>3. Fill in the facility name, 24 ____ ID # and city on the top of this form.</li> <li>4. A separate form is required for each individual temporary waiver request.</li> <li>5. List the k-tag number and the deficiency in the column to the left on this form.</li> <li>6. Follow the sample format. All parts must be complete. Waiver requests can be multiple pages.</li> <li>7. MOST IMPORTANT: List all of the additional safeguards that will be put in place to assure resident/staff/visitor safety during the term of this temporary waiver. Fire safety provisions already required by the code are not considered as "additional safeguards". Questions on "required" vs "additional" can be answered by your State Fire Safety Inspector. Example: Annual service contracts for safety systems are not additional safeguards. They are required.</li> </ol>

Surveyor (Signature)	Title	Office	Date
Fire Authority Official (Signature)	Fire Safety Supervisor	State Fire Marshal Division	Date

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For each item of the Life Safety code recommended for waiver, list the survey report form item number and state the reason for the conclusion that: (a) the specific provisions of the code, if rigidly applied, would result in unreasonable hardship on the facility, and (b) the waiver of such unmet provisions will not adversely affect the health and safety of the patients. If additional space is required, attach additional sheet(s).

PROVISION NUMBER(S)	JUSTIFICATION
K84 K ____ A temporary waiver is requested for _____ (state the deficient item)	<p>A temporary waiver for K ____ is being requested until ____ - ____ - ____.</p> <p>A. A temporary waiver for K ____ is needed because:            (State in detail all of the reasons why this item cannot be corrected within 40 days.)</p> <ol style="list-style-type: none"> <li>1. _____</li> <li>2. _____</li> </ol> <p>etc. if needed.</p> <p>B. List all of the additional safeguards that will be put into place until this deficiency is corrected.            Examples are:</p> <ol style="list-style-type: none"> <li>1. A complete (or partial) fire sprinkler system if it is not already a system required by the LSC.</li> <li>2. Smoke detectors are present in resident sleeping rooms.</li> <li>3. The affected area(s) is not normally accessed by residents, or is separated by fire rated construction from areas normally accessed by residents.</li> <li>4. A fire watch is being implemented until this item is corrected.</li> </ol> <p>What constitutes an "additional safeguard" can also be discussed with your State Fire Inspector.</p>

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